MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	11	⬇		⬇		⬇
TOTAL DEP.	60	⬅		⬅		⬅
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DE
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TOTAL IND.						
TOTAL DEP.		⬇		⬇		⬅
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS